FORM 5A Rev

02/08

## State of Colorado Oil and Gas Conservation Commission

STATE OF COLORADO

OIL&
GAS

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

**Document Number:** 

OE

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2071855

## **COMPLETED INTERVAL REPORT**

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number:96850	4. Contact Name: ANGELA NEIFERT						
2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC	Phone: (303) 6064398						
3. Address: 1001 17TH STREET - SUITE #1200	Fax: (303) 6298285						
City: DENVER State: CO Zip:80202							
5. API Number05-045-17346-00	6. County: GARFIELD						
7. Well Name: JOLLEY	Well Number: KP 511-16						
8. Location: QtrQtr: SWNW Section: 16 Township: 6S	Range: 91W Meridian: 6						
9. Field Name: Field Code:							
<u>Completed Interval</u>							
FORMATION: COZZETTE	Status: PRODUCING						
Treatment Date: 02/25/2010 Date of First Production this formation: 02/27/2010							
Perforations Top: <u>7888</u> Bottom: <u>7924</u> No. Holes:	16 Hole size: 35/100						
Provide a brief summary of the formation treatment: Open Hole:							
500 GALS 7 1/2% HCL: 67101 # 20/40 SAND: 3160 BBLS SLICKWATER (SUMMARY)							
This formation is commingled with another formation:							
Test Information:							
Date: Hours:1 Bbls oil: Mcf Gas:	Bbls H2O:						
Calculated 24 hour rate: Bbls oil: Mcf Gas:	Bbls H2O: GOR:						
Test Method: FLOWING Casing PSI: Tubi	ing PSI: Choke Size:20/64						
Gas Disposition: SOLD Gas Type: DRY BT	TU Gas: API Gravity Oil:						
Tubing Size: 2 + 3/8 Tubing Setting Depth: Tbg setting date	e: Packer Depth:						
Reason for Non-Production:							
Date formation Abandoned: Squeeze: Tes Tes No If yes, number of sacks cmt							
Bridge Plug Depth: Sacks cement on top:							

FORMATION: CORCORAN	Status: PRODUCING							
Treatment Date:01/05/2010	Date of First Production this formation:01/16/2010							
Perforations Top: 7950 Bottom: 81	155 No. Holes: <u>34</u> Hole size: <u>35/100</u>							
Provide a brief summary of the formation treatment:	Open Hole:							
1000 GALS 71/2% HCL: 1150400# 20/40 SAND: 5148 BBLS SLICKWATER(SUMMARY)								
This formation is commingled with another formation:								
Test Information:								
Date: 02/02/2010 Hours: 1 Bbls oil:	Mcf Gas: Bbls H2O:							
Calculated 24 hour rate: Bbls oil:	Mcf Gas: Bbls H2O: GOR:							
Test Method: FLOWING Casing PS	SI: <u>474</u> Tubing PSI: <u>137</u> Choke Size: <u>20/64</u>							
Gas Disposition: SOLD Gas Type	e:DRY BTU Gas: API Gravity Oil:							
Tubing Size: 2 + 3/8 Tubing Setting Depth:	Tbg setting date: Packer Depth:							
Reason for Non-Production:								
Date formation Abandoned: Squeeze:  Yes No If yes, number of sacks cmt								
Bridge Plug Depth: Sacks cement on top:								
FORMATION: ROLLINS	Status: PRODUCING							
-	Status: PRODUCING  Date of First Production this formation: 04/08/2010							
Treatment Date: 04/07/2010 [								
Treatment Date: 04/07/2010 [	Date of First Production this formation: 04/08/2010							
Treatment Date:         04/07/2010         E           Perforations         Top:         7538         Bottom:         76	Date of First Production this formation:04/08/2010							
Treatment Date:04/07/2010 E  Perforations Top:7538 Bottom:76  Provide a brief summary of the formation treatment:	Date of First Production this formation:04/08/2010							
Treatment Date: 04/07/2010 E  Perforations Top: 7538 Bottom: 76  Provide a brief summary of the formation treatment:  500 GALS 7 1/2% HCL: 86709# 20/40 SAND: 2153 BBLS	Date of First Production this formation: 04/08/2010  636 No. Holes: 20 Hole size: 35/100  Open Hole: SLICKWATER(SUMMARY)							
Treatment Date: 04/07/2010 E  Perforations Top: 7538 Bottom: 76  Provide a brief summary of the formation treatment:  500 GALS 7 1/2% HCL: 86709# 20/40 SAND: 2153 BBLS  This formation is commingled with another formation:	Date of First Production this formation: 04/08/2010  636 No. Holes: 20 Hole size: 35/100  Open Hole: SLICKWATER(SUMMARY)							
Treatment Date:04/07/2010 Every perforations Top:7538 Bottom:76  Provide a brief summary of the formation treatment:	Date of First Production this formation:  O4/08/2010  Hole size: 35/100  Open Hole:  SLICKWATER(SUMMARY)  Yes X No							
Treatment Date:04/07/2010 Every perforations Top:7538 Bottom:769	Date of First Production this formation:							
Treatment Date:04/07/2010 Endinger Date:04/07/2010 Endinger Date: Output Date: Hours: Bbls oil: Date: Bbls oil:	Date of First Production this formation:							
Treatment Date:04/07/2010 Endinger Date:04/07/2010 Endinger Date: Output Date: Hours: Bbls oil: Date: Bbls oil:	Date of First Production this formation:							
Treatment Date:	Date of First Production this formation:							
Treatment Date:	Date of First Production this formation:							
Treatment Date:	Date of First Production this formation:							

FORMATION:	WILLIAMS FORK - CAMEO Status: PRODUCING						
Treatment Date:	05/12/2010	Date	e of First Production this	formation: 05/	13/2010		
Perforations	Top:6380	Bottom: 7302	No. Holes:	68 Hole	size: <u>35/100</u>		
Provide a brief su	mmary of the formation tre	eatment:	Open Hole:				
1513 GALS 7 1/2	2% HCL; 369073 # 20/40	SAND; 21228 BBLS	SLICKWATER (SUMM	ARY)			
This formation is	commingled with another f	formation:	Yes No				
Test Information	:						
Date:	Hours:1	Bbls oil:	Mcf Gas:	Bbls H2O:			
Calculated 24 hor	ur rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR:		
Test Method: FL	OWING	Casing PSI:	Tubing F	PSI:	Choke Size: 20/64		
Gas Disposition:	SOLD	Gas Type:	DRY BTU G	Sas: API	Gravity Oil:		
Tubing Size:2 + 3/8 Tubing Setting Depth: Tbg setting date: Packer Depth:							
Reason for Non-F	Production:						
Date formation Al	Date formation Abandoned: Squeeze:  Yes No If yes, number of sacks cmt						
Bridge Plug Dept	h: Sa	cks cement on top:					
Comment:							
I hereby certify all	statements made in this for	orm are, to the best	of my knowledge, true,	correct, and complete	e.		
Signed:			Print Name: ANC	SELA NEIFERT			
Title: PERMIT	TECHNICIAN	Date:9	/10/2010 Email /	ANGELA.NEIFERT@	WILLIAMS.COM		
Attachment Check List							
Att Doc Num	Name						
2071855	FORM 5A SUBMITTE						
2071856	WELLBORE DIAGRA	M					
Total Attach: 2 Fil	es	Gener	al Comments				
User Group	Comment	Gener	ai Comments		Comment Date		
Permit	req test info				4/14/2011		
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Total: 1 comment(s)							
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